PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | Attorney Docket Number | 43062-0001 | | |
|---|------------------------|------------------|--|--|
| DECLARATION FOR UTILITY OR DESIGN | First Named Inventor | Joe G. RICH, Sr. | | |
| PATENT APPLICATION (37 CFR 1.63) | COMPLETE IF KNOWN | | | |
| | Application Number | | | |
| X Declaration Submitted OR Submitted after Initial Filing (37 CFR 1.16 (e)) required) Declaration Submitted after Initial Filing (37 CFR 1.16 (e)) required) | Filing Date | | | |
| | Group Art Unit | | | |
| | Examiner Name | | | |

| | required) | CABITITIES IVAIN | | |
|--|--------------------|-------------------------------------|-------------------------|---------------------------------|
| As a below named inventor, I he | reby declare that: | · | | |
| My residence, mailing address, and citizenship are as stated below next to my name. | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | |
| ELECTROLYSIS FUEL | . CELL ENERGY | PLANT | | |
| | (Title of t | he Invention) | | |
| the specification of which | (1100 07 0 | no mronuony | | |
| is attached hereto | | | | |
| OR was filed on (MM/DD/YYYY) | | as United St | ates Application | Number or PCT International |
| Application Number | and was a | mended on (MM/DD/YY | YY) | (if applicable). |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
| | | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | |

[Page 1 of 2]

PTO/SB/01 (U3-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: X Customer Num or Bar Code La | | OR C | orrespondence address below | |
|--|------------------------|--------------------------------|-----------------------------|--|
| ROBERT M. SCHWARTZ, ESQ. | | | | |
| RUDEN, McCLOSKY, SM 200 EAST BROWARD BO | ITH, SCHUST ULEVARD | ER & RUSSELL, P. | ă. | |
| City FORT LAUDERDALE | | State FLORIDA | zip 33301 | |
| Country U.S.A. | elaphone | 954-527-6252 | Fax 954-333-4252 | |
| I hereby declare that all statements made therein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that with take statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false elitements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | A petition t | es been filed for this un | signed inventor | |
| Given Name JOE G. (first and middle (if any)) | | Family Name RI: or Sumame | CH, Sr. | |
| Inventor's Signature | | | September 10, 2001 | |
| North Miami Beach | Florid State | a USA County | US Citizenship | |
| 16442 N.E. 34th Avenue Malling Address | | | | |
| North Miami Beach City | Florid | 33169- | USA Country | |
| NAME OF SECOND INVENTOR: | | s been filed for this unal | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | \ | |
| Inventor's Signature | | , | Date - | |
| Residence: City | State | Country. | Citizenship | |
| Mailing Address | | | | |
| ску | State | ZIP | Country | |
| Additional Inventors are being named on the | supplemental Additir | onal Invertici(s) sheet(s) PTO | | |

⊨





PTO/SB/81 (02-01)

Approved for use through 10/31/2002. CMB 0831-0033

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Ant of 1995, no persons are required to respond to a collection of information unless it display a valid CMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | | | , | |
|------------------------|------|------------------|-------|------|
| Filing Date | | Marine Committee | | |
| First Named Inventor | Joe | G. RICH, | Sr. | |
| Title | BL:E | CTROLYSIS | FUEL | CELL |
| Group Art Unit | - | | ····· | |
| Examiner Name | | | | |
| Attorney Docket Number | 4306 | 2-0001 | | |

| I hereby appoint: | | | | | |
|--|---|------------------|----------------------------|---|--|
| | Customer Number |]- | | Place-Customer Number Bar Code Label here | |
| - | Name | | Registrat | ion Number | |
| - ROBERT | M. SCHWARTZ | + | | 854 | |
| | | 1 | | | |
| | | | | | |
| - | | | · | | |
| as my/our ettomey(s) or business in the United S | ragent(s) to prosecute the application i States Patent and Trademark-Office co | dentifi nneck | ed above, a d therewith | and to transact all | |
| | espondence address for the above-idented Customer Number. | beiling | P. | io: lace Customer umber Bèr Code abel here | |
| Firm or Individual Name | · · | | | | |
| - Address | | | | | |
| - Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone " | | Fax | - | | |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBI98). | | | | | |
| | SIGNATURE of Applicant or Assign | ree of | Record | | |
| Name | Joe G. RICH, ST. | | | | |
| Signature | 102 min | | | | |
| Date | September 10, 2001. | | - | | |
| NOTE: Signatures of all the inventors or coolignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| D Total ofto | ms are submitted. | | | · · · · · | |

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.